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## A leech in the large bowel

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We report an unusual cause of profuse rectal bleeding in a child from an Indian rural community.

### CASE HISTORY

A girl of 4 was admitted five hours after the sudden onset of profuse painless rectal bleeding. The blood was dark red and not mixed with stool. There had been no systemic illness or trauma, and there was no history of a bleeding diathesis in the patient or her family. She was resuscitated with intravenous fluids, plasma volume expanders and two units of blood. Nothing abnormal was found on rectal examination, and on rigid sigmoidoscopy the blood was seen to be coming from higher up. The haemoglobin was then 7 g/dL; the coagulation profile was normal and abdominal ultrasonography showed no abnormality. The cause remained obscure, and a colonoscopic examination was planned. The next morning, however, she passed a leech per anum, 5 cm in length and fully engorged with blood. Multiple saline enemas were then given to dislodge

other leeches, though none emerged. Over the next 24 h the bleeding gradually decreased, and she recovered fully within four days. On colonoscopy after passage of the leech, no active bleeding site was seen. After counselling of the parents, the child was discharged with haematinics.

### COMMENT

Leeches are ectoparasites belonging to the phylum Annelida and class Hirudinea. They attach to the host body and suck blood, aided by various substances in their saliva that inhibit coagulation and platelet aggregation. Land leeches have powerful jaws and attach to skin; aquatic leeches have weak jaws and can only attach to soft tissues.<sup>1</sup> Sites of leech infestation include vagina, pharynx, respiratory tract and bladder.<sup>2–4</sup> Rectal infestation is rare.<sup>5</sup> In the hills of North Bengal, India, the leech population increases drastically in the monsoon months. It is common practice among both young and old in the villages to go to the fields for defaecation, and the squatting posture can allow the parasites to enter the rectum or vagina. When a suggestive history is absent and the parasite is not seen, the cause of rectal bleeding is almost impossible to determine. In suspected cases, saline enemas may dislodge the parasites. As regards treatment, there is one report in which a bleeding site was seen at colonoscopy and dealt with by electrocoagulation.<sup>5</sup> However, as in our patient, conservative therapy can suffice.<sup>6</sup>

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